

STATE OF HAWAII — DEPARTMENT OF TAXATION
REPORTING AGENT AUTHORIZATION FOR INTERNET FILING

Line 1. Taxpayer's / Employer's Information:

a. Taxpayer's / Employer's Name		b. State Identification Number	
c. Mailing Address (Street, P.O. Box, city, state, ZIP code)		d. Contact person's information:	
		Name of Contact: _____	
		Daytime telephone number (include area code): _____	
		Fax Number (include area code): _____	
		E-mail address: _____	

Line 2. Reporting Agent Information:

a. Reporting Agent's Name		b. General Excise Tax Identification Number	
c. Mailing Address (Street, P.O. Box, city, state, ZIP code)		d. Daytime telephone number (include area code)	

Line 3. The above named Reporting Agent and its employees are authorized to sign and file the below indicated tax returns via the Internet and to make payments in connection with the below indicated tax returns:

- | | |
|--|--------------------------------|
| a. <input type="checkbox"/> HW-14, Withholding Periodic Tax Return | for the period beginning _____ |
| b. <input type="checkbox"/> G-45, General Excise Periodic Tax Return | for the period beginning _____ |
| c. <input type="checkbox"/> G-49, General Excise Annual Return and Reconciliation | for the period beginning _____ |
| d. <input type="checkbox"/> TA-1, Transient Accommodations Periodic Tax Return | for the period beginning _____ |
| e. <input type="checkbox"/> TA-2, Transient Accommodations Annual Return and Reconciliation | for the period beginning _____ |

AUTHORIZATION AGREEMENT

Please read the following Authorization Agreement:

The above named taxpayer and/or employer understands the following responsibilities:

- **The above named taxpayer and/or employer is responsible for the actions of the above named Reporting Agent and its employees in connection with (a) the above indicated tax returns filed via the Internet and (b) the related payment made;**
- **All tax returns must be timely filed and all taxes must be timely paid; and**
- **All filed tax returns are true, correct, and complete by the above named taxpayer and/or employer.**

The failure of the above named Reporting Agent and its employees to comply with tax laws shall not absolve the above named taxpayer and/or employer of its responsibilities to comply with tax laws. The above named Reporting Agent and its employees are authorized to sign and file the above indicated tax returns via the Internet and to make payments in connection with the above indicated tax returns for the above named taxpayer and/or employer. This authorization applies to the above indicated tax returns and related payments beginning with the indicated tax period and remains in effect until the above named taxpayer and/or employer notifies the above named Reporting Agent. I authorize the State of Hawaii, Department of Taxation, to disclose otherwise confidential tax information to the above named Reporting Agent and its employees in connection with the transmission of the above indicated tax returns and related payments. I hereby certify under the penalties of perjury that I have the authority to authorize, on behalf of the above named taxpayer and/or employer, the above named Reporting Agent and its employees (a) to sign and file the above indicated tax returns via the Internet, (b) to make payments in connection with the above indicated tax returns, and (c) to receive confidential information in connection with the transmission of the above indicated tax returns and related payments.

Signature

Date

Name

Title

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Form EF-3 is used to authorize the designated Reporting Agent and its employees to sign and file the below listed tax returns and to make tax payments in connection with the tax returns via the Department of Taxation's Internet Bulk Filing System. The benefits of the Department of Taxation's Internet Bulk Filing System include the timely and efficient enmasse filing of the below listed tax returns:

- Form HW-14, Withholding Periodic Tax Return
- Form G-45, General Excise Periodic Tax Return
- Form G-49, General Excise Annual Return and Reconciliation
- Form TA-1, Transient Accommodations Periodic Tax Return
- Form TA-2, Transient Accommodations Annual Return and Reconciliation

WHERE TO FILE THIS FORM

Provide the designated Reporting Agent a completed and signed Form EF-3 to authorize the Reporting Agent and its employees to sign and file tax returns and to make tax payments in connection with the tax returns via the Department of Taxation's Internet Bulk Filing System. The designated Reporting Agent and its employees will keep the completed and signed Form EF-3 on file for examination by the Department of Taxation.

WHERE TO OBTAIN INFORMATION AND TAX FORMS WITH RESPECT TO ON-LINE BULK FILING

The designated Reporting Agent and its employees will be responsible for notifying its applicable clients (the taxpayer or employer) of the Reporting Agent's eligibility to participate in the Department of Taxation's Internet Bulk Filing System. To confirm that the designated Reporting Agent has been approved to participate in the Department of Taxation's Internet Bulk Filing

System, contact the Department of Taxation's E-File Coordinator at (808) 587- 1692 or e-mail at efile@tax.state.hi.us.

Hawaii tax forms, instructions, and schedules may be obtained at any taxation district office or through the following:

Website Address: www.state.hi.us/tax

Forms by Fax/Mail: (808) 587-7572 or
toll-free 1-800-222-7572

SPECIFIC INSTRUCTIONS

Lines 1a through 1d. Enter the taxpayer's information or employer's information (as applicable). For example, a taxpayer authorizing the designated Reporting Agent and its employees to sign and file Forms HW-14, G-45, G-49, TA-1, and TA-2 via the Internet would enter the taxpayer's name, general excise tax identification number, mailing address, and contact information. As another example, an employer authorizing the designated Reporting Agent and its employees to sign and file only Form HW-14 via the Internet would enter the employer's name, Hawaii withholding identification number, mailing address, and contact information.

Lines 2a through 2d. Enter the designated Reporting Agent's name, general excise tax identification number, mailing address, and daytime telephone number including area code.

Line 3. Check all applicable boxes to indicate which tax returns the designated Reporting Agent and its employees are authorized (a) to sign and file via the Internet and (b) to make related payments. Enter the periods the designated Reporting Agent and its employees are authorized to begin signing and filing the indicated tax returns and to begin making related payments.

Authorization Agreement. Carefully read the authorization agreement and sign, date, and print name and title.